



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: ISPH-0612
Inventors: Bennett and Mirabelli
Serial No.: 09/982,262
Filing Date: October 18, 2001
Examiner: Zara, Jane J.
Group Art Unit: 1635
Title: OLIGONUCLEOTIDE MODULATION OF CELL
ADHESION

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By Jane Massey Licata
Typed Name: Jane Massey Licata, Reg. No. 32,257

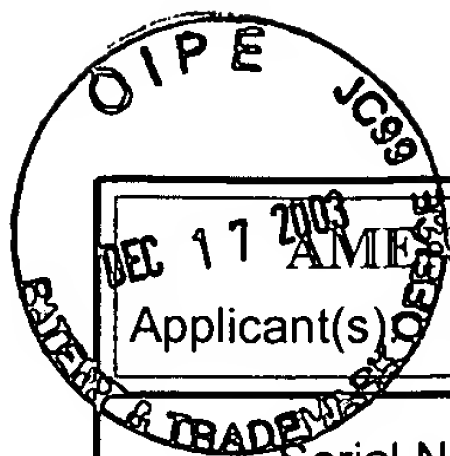
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AMENDMENT

In response to the Office Action and Notice to Comply dated December 5, 2003, a response to which is due February 5, 2004, it is requested that following amendments and Sequence Listing provided herewith be entered into the record.

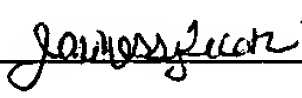
Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.



12-18-03

HW 1635

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s) Bennett and Mirabelli				Docket No. ISPH-0612	
Serial No. 09/982,262	Filing Date October 18, 2001	Examiner Jane J. Zara		Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF CELL ADHESION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div>					
<div> _____ Signature</div> <div>Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: December 17, 2003		
CC:			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div>_____ Signature of Person Mailing Correspondence</div> <div>_____ Typed or Printed Name of Person Mailing Correspondence</div>		